

**Submitter :** Mr. james watts

**Date:** 05/11/2006

**Organization :** family pharmacy

**Category :** Pharmacist

**Issue Areas/Comments**

**Quality Standards and  
Accreditation for Supplies of  
DMEPOS**

**Quality Standards and Accreditation for Supplies of DMEPOS**

I am opposed to additional accreditation requirements for medicare dmepos suppliers. I provide excellent service in almost all cases. There are already enough standards in place to assure patient satisfaction. More "government red tape" through accreditation and quality standards is not the answer.

**Submitter :** Ms. Dawn Wilcox  
**Organization :** Ms. Dawn Wilcox  
**Category :** Nurse

**Date:** 05/11/2006

**Issue Areas/Comments**

**Low Vision Aid Exclusion**

Low Vision Aid Exclusion

Re "Low Vision Aid Exclusion" CMS proposed Section 414.15. I am a 70yr old RN and also a person with low vision. I am a member of the Board of an agency providing services to the blind and low vision members of 3 counties in CA. This proposed exclusion is a bad idea. CCTV's and other such visual enhancement equipment is as important to the low vision community as a prosthetic leg is to an amputee. I use magnifiers, cctv, screen reader etc in order to pay my bills, do my taxes, read statements as well as medical research reports - in other words to participate in my community and manage my life. Keep in mind the demographics - the 85plus senior group is growing and the incidence of macular degeneration and glaucoma and resulting visual deficits will rise with it. And there is the obesity 'epidemic' with its relationship to diabetes and the development of diabetic retinopathy. It is financially more prudent to spend money on these visual aids than for much more money for paid assistants to do the tasks which enable us to live independently. Dawn Wilcox BSN RN

**Submitter :** Don Nelson

**Date:** 05/11/2006

**Organization :** Don Nelson

**Category :** Individual

**Issue Areas/Comments**

**GENERAL**

GENERAL

My adult developmentally disabled son recently lost his eyesight. He, like most people in this country, would never be able to pay for assistive technological devices to allow him a profitable life. Congressional decision makers must draw from a collective empathic experience to achieve a level of conscious concern for others in this society. Medicaid cannot justifiably exclude the blind and visually impaired from supports giving them what others take for granted, Freedom. To do so would violate US discrimination tenets.

**Submitter :** Dr. James Hammond  
**Organization :** Dr. James Hammond  
**Category :** Pharmacist

**Date:** 05/11/2006

**Issue Areas/Comments**

**Criteria for Item Selection**

Criteria for Item Selection

Glucometers/Test Strips provided at pharmacies by means other than mail order under part B should be exempt from the accreditation and MSA requirements. These devices are typically provided with diabetic medications which allows for education/follow-up of patients by pharmacists and allows convenience for beneficiaries. In addition, these products are considered inexpensive/common devices or products and there is competitive pricing by the mere nature that many pharmacies supply these products.

Inherently, it would not be cost-effective for CMS, beneficiaries or pharmacies to mandate the associated costs and burdens of accreditation standards on pharmacies nationwide that bill Medicare Part B exclusively for glucometers/test strips. CMS data shows that where such competition exists on such inexpensive merchandise that quality and fraud does not seem to be a problem.

**Submitter :** K Kraska  
**Organization :** Oregon Commission for the Blind  
**Category :** Other Practitioner

**Date:** 05/11/2006

**Issue Areas/Comments**

**Low Vision Aid Exclusion**

Low Vision Aid Exclusion

RE: LOW VISION AID EXCLUSION

Dear Secretary Leavitt,

I am writing with regard to the proposal to specifically exclude low vision aids from Medicare coverage. In your commencement speech last week to University graduates in your home state of Utah, you said "Many of the most important turning points in my life came when I volunteered for duties that were worthwhile, but required extraordinary effort to get them done... nothing is better for a reputation than solving hard problems and exceeding expectations." I couldn't agree more. That's why I respectfully suggest that your staff engage in the hard work of coming up with funding for low vision devices through Medicare and the low vision aids exclusion be removed from the docket. I would suggest it be replaced with an interpretation that clarifies your department's commitment to serve the needs of older adults with low vision, particularly those who are low income and cannot afford such devices. It will also underscore your commitment to appropriately reducing the tax burdens that can otherwise result from denying visually impaired senior citizens access to such tools for independence. Thank you for your consideration. I look forward to your response.

Sincerely,

Ken Kraska  
Oregon Commission for the Blind  
541 Willamette St., Suite 408  
Eugene, OR 97401

**Submitter :** Dr. Gidget Hopf  
**Organization :** Assoc. f/t Blind and Visually Impaired-Goodwill In  
**Category :** Other Health Care Provider

**Date:** 05/12/2006

**Issue Areas/Comments**

**Low Vision Aid Exclusion**

**Low Vision Aid Exclusion**

In its 95th year, ABVI-Goodwill in Rochester, NY is a comprehensive vision rehabilitation services agency and serves nearly 1000 low vision patients a year. The low vision exam always results in a recommendation for some type of low vision aid ranging from a low tech and relatively inexpensive magnifier to a high tech closed circuit television with features that deal with magnification, contrast, etc. The purpose of a low vision exam is to make recommendations for such aids to maximize the residual vision a person has. Once trained on these aids and devices the individual is able to live more safely and independently. Studies have shown that hip fractures associated with falls by people with vision loss are reduced when the individual has received vision rehabilitation. A recent study we conducted of individuals with low vision who have received comprehensive low vision and rehabilitation services have found a reduction in clinical depression. There are thousands of testimonials to the benefits of low vision services, however these services must include the recommendation for and the proper use of aids and devices. Offering an individual a low vision exam and then refusing to pay for the aids is like offering a person physical therapy but not paying for his crutches. It is particularly disturbing that CMS has made the decision to not fund these aids while a nation wide demonstration project has been implemented to demonstrate how low vision and other rehabilitation services benefit people who have lost their functional vision. When an individual who has been sighted his or her whole life loses vision, it is a catastrophic event. He or she needs to learn to do the things that sighted people take for granted all over again. Low vision effects a person's activities from the moment he wakes up in the morning until the time he goes to bed. We urge CMS to reconsider its decision and to fund low vision aids and devices as part of a comprehensive rehabilitation service.

**CMS-1270-P-47**

**Medicare Program; Competitive Acquisition for Certain Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) and Other Issues**

**Submitter :**

**Date & Time:** 05/12/2006

**Organization :**

**Category :** Other Association

**Issue Areas/Comments**

**Low Vision Aid Exclusion**

Low Vision Aid Exclusion

Barring coverage of low vision devices would have devastating effects on the quality of life of aging Americans and others with vision loss. These tools are the very key to remaining active and living independently and safely with eye conditions such as age-related macular degeneration, glaucoma, cataracts, and diabetic retinopathy. These devices can prevent accidents and injuries which cost the taxpayers money. Please reconsider putting some money into this category, to save much more money in the long run.

**CMS-1270-P-48**

**Medicare Program; Competitive Acquisition for Certain Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) and Other Issues**

**Submitter :** Mrs. Dawn Adams

**Date & Time:** 05/14/2006

**Organization :** Texas Association for Education and Rehabilitation

**Category :** Academic

**Issue Areas/Comments**

**Low Vision Aid Exclusion**

Low Vision Aid Exclusion

I am writing to urge you not to take away the provision for low vision devices. Without these devices, which most people cannot afford to purchase without assistance, persons with low vision will not be able to lead independent lives. My husband and I both use these devices to read instructions and labels on food products, medications, etc. Without these devices we'd have to depend on someone else to do these simple tasks for us. Taking away this provision would have adverse affects on many Americans who have low vision, but who with such devices, can lead healthy independent lives.